

PROPOSED LOCAL FORM CHANGES FOR JULY 2009

Below is a brief description of the proposed changes to Local Forms.

VN041 *Guardianship Filing Information - Revised*

Paragraph 1 Fee \$200 (not \$180). Last sentence Forms are available from the clerk, ...

Paragraph 9 ...of the Hall of Justice or the JC Family Resource Center, located in Room 206 of the Juvenile Courthouse, or at least...

VN042 *Guardianship Questionnaire - Revised*

Page 1 Deleted Request for Social Security Number from Form (2 places)

VN077 *Petition to Seal Juvenile Records - Revised*

Page 1 Delete Request for Social Security Number from Form Under Disposition Box change wording from "(What was your consequence)" to "(What was the outcome)."

VN084 *Request and Order Appointing Probate Referee -Revised*

Add JC address – 4353 E. Vineyard Ave., Oxnard, CA 93036
Add Colon after Case Number;

VN126 *Family Law Case Status Report - Revised*

Under Case Plan C, boxes replaced with bullets, as all four elements are required to be placed on Case Plan C

VN135 *Request for Continuance -Revised*

To Be Used Only for Probate and Guardianships
Change Box for C-44 to J5 & J6

VN157 *Adult Consent Agreement to Adoption of Adult - Deleted*

Replaced with VN203 (Consent of Spouse to Adoption)

- VN163** ***Family Court Services Intake Questionnaire - Revised***
- Paragraph 7 - Changes term "custody" to "jail or prison"
- VN171** ***Motion for Order for Visitation – Revised***
- Add JC address – 4353 E. Vineyard Ave., Oxnard, CA 93036
- VN172** ***Petition for Restricted License***
- Simi zip code corrected.
- VN179** ***Request for Relief from Default, Extension of time to File Opening Brief - Revised***
- Delete Simi Court Address- as Request no longer accepted in Simi
- VN180** ***Request for Relief from Default, Extension of Time to File Statement on Appeal; Declaration and Order - Revised***
- Delete Simi Court Address- as Request no longer accepted in Simi
- VN181** ***Notification of Mailing Address - Deleted***
- Replaced with Judicial Council Form JV-140
- VN182** ***Confirmation of Viewing Conservatorship Video – Revised***
- Add JC address – 4353 E. Vineyard Ave., Oxnard, CA 93036
Add JC Family Resource Center to location where video may be viewed.
- VN184** ***Voluntary Early Mediation Report- Revised***
- VN189** ***Consent for Court Assignment- Revised***
- Family Law- Replaces Judge Conroy with Commissioner Lund
- VN199** ***Request for Copy of Juvenile Case File Document - Deleted***
- Replaced with Judicial Council Form JV-570

VN215 *Conditional Settlement Agreement for Judgment Creditor Cases – Small Claims – New*

Forms previously provided by Ventura Center for Dispute Settlement

VN216 *Case Plan Designation form – Revised*

Under Plan C, checked boxes deleted
Adds MSC Conference

VN219 *Joint Mandatory Settlement Conference Statement - Revised*

Adds statement submitted by one party because a protective order is in place

VN224 *Small Claims Settlement Agreement - New*

Forms Previously provided by Ventura Center for Dispute Settlement

VN225 *Notice of Appeal – Parking - New*

VN226 *Stipulation in Support of Continuance – New*

Family Law

VN227 *Application and Order for Continuance*

- TRIAL
- SPECIALLY SET EVIDENTIARY HEARING – New

Family Law- Replaces Fax Continuance Form for These Requests

VN228 *Notice of Matter to be Taken Off Calendar - New*

Family Law – Replace Fax Continuance Form for Taking Matters Off-Calendar

VN229 *Declaration in Support of Continuance – New*

Family Law

VN230 *Request for Continuance – Family Law – New*

Fax Continuance Form that replaces VN 135 for Family Law Only

VENTURA SUPERIOR COURT GUARDIANSHIP FILING INFORMATION

The filing fee for Guardianship of the Person only is \$200. You may qualify for a financial hardship. An Application for Waiver of Court Fees and Costs must be filled out and submitted at the time you file your petition for guardianship. Forms are available from the clerk, self-help centers, and online at: <http://www.ventura.courts.ca.gov/>.

Pursuant to Probate Code Section 1513 an investigation is to be completed prior to the appointment of a guardian. There is an assessment fee of \$600 for the Court Investigators report. The court may assess the parents, other persons charged with the support of the (proposed) ward, the (proposed) guardian or the estate of the (proposed) ward. The Court may waive assessments due to hardship.

All forms must be typed or legibly handwritten.

One original and three copies of all documents submitted for filing must be provided so that there are sufficient copies for the parties and the court investigator.

The release of School and Medical Information must be completed and submitted at the time of the filing of the petition, if you are petitioning for guardianship of the person.

One copy of the birth certificate for each (proposed) ward must be submitted.

Criminal and child abuse background checks will be done on the proposed guardian(s).

A petition for temporary guardianship cannot be filed unless a petition for General Guardianship has been filed. For emergency/temporary guardianship, an ex parte hearing must be set with the Judge's secretary. The court has the discretion to decline a request to set an ex parte hearing if the reasons for seeking a temporary order are not considered an emergency. **Do not fill out temporary guardianship papers until an ex parte hearing has been scheduled.**

The Order and the Letters of Guardianship must be completed before the hearing. You must have your Orders and Letters reviewed by the staff in the Self Help Center located in Room 400 of the Hall of Justice or the JC Family Resource Center located in Room 206 of the Juvenile Courthouse at least 5 days prior to the hearing.

Guardians are required, by law, to file a status report with the court each year after being appointed. If you are appointed, the court will send you a notice and form to fill out each year, which you must return to the court immediately. If you fail to do so, you may be required to appear in court. As a guardian, you must let the court know your new address if you move after guardianship is granted.

A list of Low Cost/Free Legal Clinics and Services is available from the forms clerk.

VN041

VENTURA SUPERIOR COURT GUARDIANSHIP FILING INFORMATION

CONFIDENTIAL

CONFIDENTIAL

SUPERIOR COURT
COUNTY OF VENTURA
STATE OF CALIFORNIA

GUARDIANSHIP QUESTIONNAIRE
(Probate Code Section 1513)

**This information is Confidential and is for the
purpose of determining Guardianship only.**

THIS FORM MUST BE COMPLETED AND RETURNED WITH THE PETITION

MINOR'S NAME _____ CASE NUMBER _____
☐ RELATIVE ☐ NON-RELATIVE

SECTION 1 – SOCIAL HISTORY

PROPOSED GUARDIAN'S FULL NAME _____

FORMER/OTHER NAME(S) USED _____

ADDRESS _____

☐ OWN ☐ RENT ☐ OTHER HOW LONG AT PRESENT ADDRESS _____

PREVIOUS ADDRESSES FOR PAST 3 YEARS _____

TELEPHONE # () _____

AGE _____ **DATE OF BIRTH** _____ **PLACE OF BIRTH** _____

DRIVER'S LICENSE # _____ **STATE LICENSE ISSUED** _____

LAST GRADE COMPLETED & SPECIAL TRAINING _____

HAVE YOU EVER BEEN ARRESTED FOR AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION?

☐ YES ☐ NO

IF YES, PLEASE GIVE DATE, PLACE AND DETAILS _____

DESCRIBE ANY MEDICAL PROBLEMS _____

SPOUSE'S FULL NAME _____

FORMER/OTHER NAMES(S) USED _____

AGE _____ **DATE OF BIRTH** _____ **PLACE OF BIRTH** _____

DRIVER'S LICENSE # _____ **STATE LICENSE ISSUED** _____

Minors Name:	Case Number:
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EDUCATION, LAST GRADE COMPLETED & SPECIAL TRAINING _____

HAS SPOUSE EVER BEEN ARRESTED FOR AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION?

☐ YES ☐ NO

IF YES, PLEASE GIVE DATE, PLACE AND DETAILS _____

DESCRIBE ANY MEDICAL PROBLEMS _____

SECTION II – MARRIAGES

PROPOSED GUARDIAN ☐ NEVER MARRIED ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED

DATE AND PLACE OF PRESENT MARRIAGE _____

NAMES AND AGES OF CHILDREN _____

PREVIOUS MARRIAGE(S) (List all prior marriages. Use additional paper if necessary.)

NAME OF FORMER SPOUSE _____

DATE AND PLACE OF MARRIAGE _____

DATE AND PLACE OF DIVORCE/DEATH _____

NAMES AND AGES OF CHILDREN FROM FORMER MARRIAGE _____

SPOUSE'S PREVIOUS MARRIAGE(S) (List all prior marriages. Use additional paper if necessary.)

NAME OF FORMER SPOUSE _____

DATE AND PLACE OF MARRIAGE _____

DATE AND PLACE OF DIVORCE/DEATH _____

NAMES AND AGES OF CHILDREN FROM FORMER MARRIAGE _____

SECTION III- EMPLOYMENT

PROPOSED GUARDIAN – NAME AND ADDRESS OF EMPLOYER _____

TELEPHONE # () _____ LENGTH OF SERVICE _____

POSITION _____ SUPERVISOR _____

DAYS AND HOURS OF WORK _____ INCOME _____

Minors Name: _____	Case Number: _____
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OTHER SOURCE OF INCOME _____ AMOUNT _____

SPOUSE – NAME AND ADDRESS OF EMPLOYER _____

TELEPHONE # () _____ LENGTH OF SERVICE _____

POSITION _____ SUPERVISOR _____

DAYS AND HOURS OF WORK _____ INCOME _____

SECTION IV - OTHER MEMBERS OF HOUSEHOLD

NAME	DATE OF BIRTH	RELATIONSHIP	SCHOOL/OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION V - CHILD(REN) BEING PLACED UNDER GUARDIANSHIP

NAME _____ **AGE** _____ **DOB** _____

RELATIONSHIP _____ **HOW AND WHEN DID PROPOSED GUARDIAN GET PHYSICAL CUSTODY OF CHILD?** _____

SCHOOL _____ **TEACHER** _____ **GRADE** _____

DOCTOR _____ **TELEPHONE # ()** _____

MEDICAL PROBLEMS/SPECIAL NEEDS _____

NAME _____ **AGE** _____ **DOB** _____

RELATIONSHIP _____ **HOW AND WHEN DID PROPOSED GUARDIAN GET PHYSICAL CUSTODY OF CHILD?** _____

SCHOOL _____ **TEACHER** _____ **GRADE** _____

DOCTOR _____ **TELEPHONE # ()** _____

MEDICAL PROBLEMS/SPECIAL NEEDS _____

NAME _____ **AGE** _____ **DOB** _____

RELATIONSHIP _____ **HOW AND WHEN DID PROPOSED GUARDIAN GET PHYSICAL CUSTODY OF CHILD ?** _____

Minors Name: _____	Case Number: _____
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SCHOOL _____ TEACHER _____ GRADE _____

DOCTOR _____ TELEPHONE # () _____

MEDICAL PROBLEMS/SPECIAL NEEDS _____

CHILD CARE PROVIDER _____ TELEPHONE # () _____

ADDRESS _____ DAYS/TIME _____

WHY IS GUARDIANSHIP NECESSARY? _____

HOW LONG WILL GUARDIANSHIP BE NECESSARY ? _____

WHAT ARE YOUR FUTURE PLANS FOR THE CHILD(REN) ? _____

SECTION VI – ESTATE

PLEASE INDICATE THE SOURCE OF THE MONEY OR PROPERTY (I.E., INHERITANCE, GIFT, ETC.)
(INCLUDE COPY OF WILL) _____

MONEY VALUE _____ PERSONAL PROPERTY VALUE _____

WHERE WILL MONIES BE PLACED AND HOW HANDLED? (I.E. BLOCKED BANK ACCOUNT) _____

DOES CHILD (REN) HAVE MONEY IN THEIR OWN ACCOUNT? ☐ YES ☐ NO OR HELD JOINTLY? ☐ YES ☐ NO

INDICATE AMOUNT AND NAMES ON JOINT ACCOUNTS _____

IS MINOR(S)'S NAME ON DEED TO REAL PROPERTY, STOCKS, BONDS? ☐ YES ☐ NO VALUE _____

SECTION VII – BIRTH PARENTS

MOTHER'S NAME _____ DATE OF BIRTH _____

ADDRESS _____

DOES MOTHER AGREE WITH GUARDIANSHIP? ☐ YES ☐ NO TELEPHONE # () _____

FATHER'S NAME _____ DATE OF BIRTH _____

ADDRESS _____

DOES FATHER AGREE WITH GUARDIANSHIP? ☐ YES ☐ NO TELEPHONE # () _____

Minors Name:	Case Number:
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HAVE THE BIRTH PARENTS MADE YOU AWARE OF THEIR PLANS FOR THE CHILDREN? ☐ YES ☐ NO
 IF YES, EXPLAIN _____

DO YOU BELIEVE THAT EITHER PARENT IS UNFIT TO HAVE CUSTODY? ☐ YES ☐ NO
 IF YES, EXPLAIN _____

SECTION VIII – NOTIFICATION

HAVE THE FOLLOWING RELATIVES BEEN NOTIFIED OF THE PETITION FOR GUARDIANSHIP PURSUANT TO PROBATE CODE SECTION 1511?

MOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	FATHER <input type="checkbox"/> YES <input type="checkbox"/> NO
MATERNAL GRANDFATHER <input type="checkbox"/> YES <input type="checkbox"/> NO	PATERNAL GRANDFATHER <input type="checkbox"/> YES <input type="checkbox"/> NO
MATERNAL GRANDMOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	PATERNAL GRANDMOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO
ADULT SIBLINGS <input type="checkbox"/> YES <input type="checkbox"/> NO	

IF NO EXPLAIN WHY _____

DO ANY OF THE ABOVE RELATIVES OBJECT TO THE GUARDIANSHIP? WHO? _____

PLEASE INCLUDE COPY OF CHILD(REN)'S BIRTH CERTIFICATE(S).

I declare, under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____ Date	_____ Petitioner's signature
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-COURT USE ONLY -

CLETS CHECK	_____ Date	_____ Clerk
CPS CHECK	_____ Date	_____ Clerk
VISION CHECK	_____ Date	_____ Clerk

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>) ATTORNEY FOR (<i>Name</i>): <div style="text-align: right;">Telephone Number</div>	FOR COURT USE ONLY
BAR# SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA Street Address: 4353 E. Vineyard Ave., Room 122, Oxnard Ca., 93036 Mailing Address: P.O. Box 6489, Ventura, Ca., 93006	
CASE NAME:	
PETITION TO SEAL JUVENILE RECORDS	CASE NUMBER:

The following is my identifying information:

Full Name _____ Birth date _____

Other Names _____

Address _____

City _____ State _____ Zip Code _____

Driver's License No. _____ State _____

Place of Birth _____ Sex _____ Race _____

Hair _____ Eyes _____ Height _____ Weight _____

Attorney _____ Address _____

Are there any pending actions relating to this criminal case: ☐ No ☐ Yes Civil Case No. _____

I was cited and/or arrested as listed:

DATE	AGENCY (Who arrested/cited you)	VIOLATION (What was the offense)	DISPOSITION (What was the outcome)

It has been five years since I completed probation or I am now eighteen years old or older and I am no longer on probation. I have not committed any new felony offense or any misdemeanor offense involving moral issues.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Petitioner _____ Date _____

The Petitioner respectfully requests that an order be made sealing all records, papers and exhibits of this case in the custody of the Juvenile Court, and any other records relating to this case in the custody of the agencies named hereafter:

AGENCY	ADDRESS	NOTIFY
California State Bureau of Criminal Investigation and Identification	P. O. Box 13417 Sacramento, Ca., 95813	
Probation Department Juvenile Investigation Unit	800 S. Victoria Avenue Ventura, Ca., 93009	
District Attorney Ventura County	4353 E. Vineyard Ave., #291 Oxnard Ca., 93036	
Public Defender Ventura County	4353 Vineyard Ave., #296 Oxnard, Ca., 93036	
Sheriff's Department / Records Bureau Ventura County	800 South Victoria Ave. Ventura, Ca., 93009	
Department of Motor Vehicles Records Correction Area	P. O. Box 942890 Sacramento, Ca., 94290-0001	
Police Department City of		
Minor		

(DO NOT WRITE BELOW THIS LINE)

Probation recommendation:

☐

Grant

☐

Deny

Comments:

Deputy Probation Officer

Date

If, after 10 days from receipt of the PETITION TO SEAL JUVENILE RECORDS, the District Attorney and / or Counsel for the minor file no REQUEST FOR HEARING on the matter, it is agreed that the clerk will give the PETITION TO SEAL JUVENILE RECORDS to the Court for a ruling.

NOTICE of this request sent to the District Attorney and Counsel for the minor on _____.

Deputy Clerk

Optional Form

VN077 (Rev. 07/09)

ATTORNEY OR PARTY WITHOUT ATTORNEY Telephone Number	FOR COURT USE ONLY
Attorney for: SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA <input type="checkbox"/> 800 SOUTH VICTORIA AVE., VENTURA, CA 93009 <input type="checkbox"/> 4353 E. VINEYARD AVE., OXNARD, CA. 93036	
IN THE MATTER OF THE ESTATE OF:	
REQUEST AND ORDER APPOINTING PROBATE REFEREE	CASE NUMBER:

Request is made that a duly appointed, qualified and acting Probate Referee in and for the County of Ventura be appointed Probate Referee of the above estate.

Dated: _____

Signature of Attorney

ORDER

It is hereby ordered that _____, a duly appointed, qualified and acting Probate Referee in and for the above-name County, a disinterested person, competent and capable to act, be and is hereby appointed Probate Referee of the above estate.

Dated: _____

Judicial Officer of the Superior Court

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)		Telephone Number	FOR COURT USE ONLY
E-MAIL ADDRESS			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA			
<input type="checkbox"/> 800 SOUTH VICTORIA AVE. VENTURA, CA 93009 <input type="checkbox"/> 3855 – F ALAMO ST. SIMI VALLEY, CA 93063-2110			
PETITIONER:			
RESPONDENT:			
FAMILY LAW CASE STATUS REPORT		CASE NUMBER:	
		FOR COURT USE ONLY	
		COURT DATE _____	

- Case Plan:** This case is on:

<input type="checkbox"/> Standard Case Plan A	<input type="checkbox"/> Standard Case Plan B
<input type="checkbox"/> Complex Case Plan C	<input type="checkbox"/> Alternative Dispute Resolution Case Plan D,
<input type="checkbox"/> None	(Form must be completed jointly to remain on Case Plan D)
- Statement Prepared by:** ☐ Petitioner ☐ Respondent ☐ Jointly
- Reconciled:** Have the parties reconciled?

<input type="checkbox"/> NO
<input type="checkbox"/> YES, please dismiss the case.
<input type="checkbox"/> Parties are attempting reconciliation. Please put case on hold for: <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
- Default:** If it has been more than 30 days since the Respondent was served, has the Request to enter Default been filed?

<input type="checkbox"/> YES. If YES, Judgment will be filed on or before _____
<input type="checkbox"/> NO. If no, why not?
<input type="checkbox"/> Response filed.
<input type="checkbox"/> Parties have agreed to alternative dispute resolution and are on Case Plan D
<input type="checkbox"/> Other: _____
- Meet and Confer Requirement.** Have the parties had a meeting to try and settle all the issues?

<input type="checkbox"/> YES
<input type="checkbox"/> NO. If NO, explain: _____
- Settlement:** Has the case settled?

<input type="checkbox"/> NO
<input type="checkbox"/> YES. If YES, the Judgment will be filed on or before: _____

Short Title:	Case Number:
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7. Issues: This case involves the following issues and the status is (check all that apply):

<input type="checkbox"/> Child Custody and Visitation:	<input type="checkbox"/> resolved by agreement or order	<input type="checkbox"/> no agreement
<input type="checkbox"/> Child Support:	<input type="checkbox"/> resolved by agreement or order	<input type="checkbox"/> no agreement
<input type="checkbox"/> Spousal Support:	<input type="checkbox"/> resolved by agreement or order	<input type="checkbox"/> no agreement
<input type="checkbox"/> Division of Interest in Residence:	<input type="checkbox"/> resolved by agreement or order	<input type="checkbox"/> no agreement
<input type="checkbox"/> Division of Pension(s):	<input type="checkbox"/> resolved by agreement or order	<input type="checkbox"/> no agreement
<input type="checkbox"/> Division of Debts:	<input type="checkbox"/> resolved by agreement or order	<input type="checkbox"/> no agreement
<input type="checkbox"/> Attorney's fees and Costs:	<input type="checkbox"/> resolved by agreement or order	<input type="checkbox"/> no agreement

8. Disclosures and Discovery: (Dissolution or Legal Separation only)

Were the Declarations of Disclosure served?

	<u>Preliminary</u>	<u>Final or filed a Waiver</u>	<u>Filed Declaration re Service (FL-141)</u>
Petitioner	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Respondent	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

The following Discovery remains to be completed and is expected to be completed on: _____

9. Case Plan Progress:

If assigned to a Case Plan, will this case meet Case Plan guidelines or Case Progression Plan and Orders?

☐ YES ☐ NO.

If No, Please explain in detail any issues that may make it difficult to meet the Plan Guidelines:

10. Mandatory Settlement Conference:

If a Response has been filed, the Court will schedule a preliminary or final mandatory settlement conference. Approximately what month do you believe this should be scheduled?

Month _____ Year _____

11. Dates you are not available to come to court. _____

This Status Report accurately reflects the present status of the case.

Dated: _____

Signature of Party/Attorney for Party

(The following is for jointly submitted reports only)

This Status Report accurately reflects the present status of the case.

Dated: _____

Signature of Party/Attorney for Party

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA
PROBATE / JUVENILE GUARDIANSHIP
REQUEST FOR CONTINUANCE**

RETURN FAX

JUVENILE COURTHOUSE Dept. J1 (805) 981-5934
J5 (805) 981-5954
J6 (805) 981-5954

FOR COURT USE ONLY FILE STAMP

Case No.: _____

Case Name: _____

COURTROOM

☐ J1 ☐ J5 ☐ J6 ☐ Other: _____

Requesting Party: _____

Attorney For: _____

Responding Party: _____

Attorney For: _____

Fax No.: _____

Phone No.: _____

Fax No.: _____

Phone No.: _____

I / We request that the following matter be continued: Number of total continuance on this matter: _____

☐ OSC ON TRO ☐ OSC ☐ AND MEDIATION ☐ NOTICED MOTION ☐ MSC ☐ TRIAL

☐ OTHER : _____

From: _____ at _____ To: _____ at _____

Mediation _____ at _____

REASON FOR CONTINUANCE:

☐ Service not completed in a timely manner

☐ Matter settled – written order/judgment being prepared

☐ Expert's report not completed

☐ Unavailability of party or counsel due to: _____

☐ Other: _____

SIGNATURE OF REQUESTING PARTY/ATTY: _____

SIGNATURE OF REQUESTING PARTY/ATTY: _____

SIGNATURE OF DCSS (IF APPLICABLE): _____

Response from the court will be faxed to the requesting party only.

RESPONSE FROM THE COURT: Request for Continuance is: ☐ GRANTED ☐ DENIED

Requesting party must pay the continuance fee of \$20.00 for each separate hearing to the court within ten (10) days. If the court date is being continued for less than ten day, the fee must be paid prior to the new date.

Additional comments: _____

Dated: _____

Judicial Officer

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)		Telephone Number	FOR COURT USE ONLY
E-MAIL ADDRESS			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA			
<input type="checkbox"/> 800 SOUTH VICTORIA AVE. VENTURA, CA 93009 <input type="checkbox"/> 3855 – F ALAMO ST. SIMI VALLEY, CA 93063-2110			
IN THE MATTER OF:			
ADULT CONSENT AGREEMENT TO ADOPTION OF ADULT		CASE NUMBER:	

I, _____, the ☐ husband ☐ wife of petitioner, _____,
 The person being adopted, do hereby fully and freely consent to the adoption by _____,
 of my ☐ husband ☐ wife.

In witness whereof, the undersigned has executed this consent on: _____.
 (Date of Signing)

 (Signature of Spouse)

VERIFICATION

I am the ☐ husband ☐ wife of one of the petitioners in this proceeding and have read the foregoing consent agreement. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

 (Type or Print Name)

 (Signature of Spouse)

IN THE MATTER OF: _____ CASE NUMBER: _____	FOR COURT USE ONLY
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FAMILY COURT SERVICES INTAKE QUESTIONNAIRE

- | | YES | NO |
|---|--|--|
| 1. Previous Mediation
Have the parents previously participated in child custody mediation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Interpreters Required
Is either parent non-English speaking or limited in speaking English? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Parent Change of Residence
Has either parent recently moved or is planning to move out of the United States, State of California, or County of Ventura? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Domestic Violence Concerns*
(a) Is there a Restraining or Protective order against either parent?
(b) Have there been any allegations of violence, abuse, or stalking committed by either parent against the other or the child? | <input type="checkbox"/>

<input type="checkbox"/> | <input type="checkbox"/>

<input type="checkbox"/> |
| 5. Children or Adult Protective Services Involvement
Has either parent been contacted by a Children's or Adult Services Agency concerning an abuse/neglect investigation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Child Custody Evaluation
Have the parents participated or been ordered to participate in a child custody evaluation?
When?: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Party in Jail or Prison
Identify any parent who is expected to be in jail or prison at the time of the Mediation:

<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 40%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 40%;">Name of parent incarcerated</div> <div style="width: 40%;">Facility</div> </div> | | |
| 8. Dependency Petitions
Have any dependency petitions been filed in Juvenile Court related to the parties children? | <input type="checkbox"/> | <input type="checkbox"/> |

 Signature of Petitioner or Attorney for Petitioner

 Date

 Signature of Petitioner or Attorney for Petitioner

 Date

*Family Code Section 3181(b) states; "If any party alleging domestic violence in a written declaration under penalty of perjury or a party protected by a protective order so requests, the mediator will meet with the parties separately and at separate times."

THIS FORM TO REMAIN CONFIDENTIAL (Family Code §3177)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) Telephone Number E-MAIL ADDRESS ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA <input type="checkbox"/> 800 SOUTH VICTORIA AVE. VENTURA, CA 93009 <input type="checkbox"/> 4353 E. VINEYARD AVE. OXNARD, CA 93036.	
In the matter of: Minor(s)	CASE NUMBER:
MOTION FOR ORDER FOR VISITATION	HEARING DATE: _____ TIME: _____ COURTROOM: _____

MOTION

_____, the ☐ mother/father ☐ guardian of the minor child(ren) herein moves the court for a specific ☐ order ☐ modification of order, for _____, or in the alternative for mediation through Family Court Services. This Motion is made on the grounds that: _____

DECLARATION

Declaration in support of the relief requested is attached hereto.

Date: _____

Signature

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)		Telephone Number	FOR COURT USE ONLY
ATTORNEY FOR (Name)			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA <input type="checkbox"/> 800 SOUTH VICTORIA AVE. VENTURA, CA 93009 <input type="checkbox"/> 3855 - F ALAMO ST. SIMI VALLEY, CA 93063-2110 <input type="checkbox"/> 4353 VINEYARD AVE, OXNARD, CA. 93036			
PLAINTIFF: PEOPLE OF THE STATE OF CALIFORNIA			
DEFENDANT:			
PETITION FOR RESTRICTED LICENSE <input type="checkbox"/> 13202.5 VC- controlled substance or alcohol related offense (under age of 21 years) <input type="checkbox"/> 13202.6 VC - Vandalism			CASE NUMBER:

I, the undersigned, say that:

1. ☐ I am the defendant in the above-entitled action.
2. ☐ My date of birth is: _____
3. ☐ My driver's license number is: _____
4. ☐ I was convicted of a violation of _____ on _____ and consequently my driving privilege was suspended for _____ ☐ months ☐ year(s).
5. ☐ My driving privilege is not suspended at this time for any other reason.
6. ☐ I have a critical need to drive, as follows: _____

7. ☐ Wherefore, I request the court to authorize a restricted license permitting me to do so.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: _____

Signature of Petitioner: _____

Address: _____

Phone Number : _____

ORDER

The court orders that the petition is:

☐ Denied. No critical need has been shown.

☐ Granted. DMV to issue a license restricted as follows:

Dated: _____

Judicial Officer's Signature _____

CAUTION: THIS ORDER DOES NOT AUTHORIZE YOU TO DRIVE. YOU MUST GO TO THE DMV AND APPLY FOR A RESTRICTED LICENSE.

Petitioner or Attorney (Name and Address)	Telephone Number	FOR COURT USE ONLY
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA 800 SOUTH VICTORIA AVE. VENTURA, CA 93009		
Chid(ren's) Name(s):		
NOTIFICATION OF MAILING ADDRESS Welfare and Institutions Code 316.1		CASE NUMBER:

TO THE PARENT OR GUARDIAN OF THE ABOVE NAMED CHILD (REN):
YOU ARE REQUIRED TO PROVIDE YOUR PERMANENT MAILING ADDRESS TO THE COURT.
 The court, the clerk, and the social service agency will send all documents and notices to the mailing address provided, until and unless you notify the court or the social worker on your case of your new mailing address.
Notice of the new mailing address must be provided in writing.
This form is provided for notification of your mailing address or a change of mailing address.

CHANGE OF MAILING ADDRESS

- Name: _____
- Relationship to Child: ☐ Mother ☐ Father ☐ Guardian
- Child lives with: ☐ Mother ☐ Father ☐ Guardian
- New Mailing Address:
 Number and Street: _____
 City, State, Zip: _____
- New Telephone Number: (____) _____

TODAY'S DATE: _____

 TYPE OR PRINT NAME

 SIGNATURE OF PARTY OR ATTORNEY

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) _____ Telephone Number _____	FOR COURT USE ONLY
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA <input type="checkbox"/> 800 SOUTH VICTORIA AVE., VENTURA, CA 93009 <input type="checkbox"/> 3855 – F ALAMO ST., SIMI VALLEY, CA 93063-2110 <input type="checkbox"/> 4353 E. VINEYARD AVE., OXNARD, CA 93036	
CONSERVATORSHIP OF (NAME): _____	
CONFIRMATION OF VIEWING CONSERVATORSHIP VIDEO (Ventura County Local Rule 10.02A(3))	CASE NUMBER: _____

This shall confirm that (name of conservator(s)) _____, viewed the video "*With Heart: Understanding Conservatorship*", pursuant to Rule 10.02A(3) of the Ventura County Rules of Court.

The video was viewed on (date) _____ at the following location:

- | | |
|--|---|
| <input type="checkbox"/> Ventura Self-Help Legal Access Center | <input type="checkbox"/> Oxnard Self-Help Legal Access Center |
| <input type="checkbox"/> JC Family Resource Center | <input type="checkbox"/> Simi Self-Help Legal Access Center |
| <input type="checkbox"/> Law Firm of (name): _____ | |
| Address of firm: _____ | |
| _____ | |
| <input type="checkbox"/> Other: _____ | |
| _____ | |

I am the [proposed] conservator and I certify that I have viewed this video:

Date: _____

Print Name: _____ Signature: _____

Confirmed by: _____ Date: _____
 Signature of SHLA Staff or Law Firm Representative

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)	Telephone Number	FOR COURT USE ONLY
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA <input type="checkbox"/> 800 SOUTH VICTORIA AVE. VENTURA, CA 93009 <input type="checkbox"/> 3855 - F ALAMO ST. SIMI VALLEY, CA 93063-2110		
PLAINTIFF: DEFENDANT:		
VOLUNTARY EARLY CIVIL MEDIATION REPORT (Local Rule No. 24.00)		CASE NUMBER:

Pursuant to Rule No. 24.06 the parties report as follows:

- ☐ Pro-bono mediator selected by the parties from the Court's on-line web site of available mediators (enter mediator name(s), address and telephone number below)
- ☐ Party-pay mediator selected by the parties (enter mediator name(s), address and telephone number below)
- ☐ Private mediator - not on Court panel (enter mediator name(s), address and telephone number below)

Name of mediator: _____

Address: _____

Telephone Number: _____

Alternate mediator: _____

Address: _____

Telephone Number: _____

If the parties elect to participate in the Voluntary Early Civil Mediation Program, normal discovery procedures and deadlines will be suspended for 150 days and limited discovery shall be conducted pursuant to C.C.P. §94. Suspension of discovery deadlines applies only when the parties elect to participate in the Voluntary Early Civil Mediation Program.

Dated: _____

Attorney for

Dated: _____

Attorney for

Note: This form must be completed and filed with the court no later than 35 days from the filing of the last defendant's responsive pleading (Local Rule 24.06). Failure to comply can result in your required appearance at an Order to Show Cause hearing and sanctions being imposed.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) Telephone Number E-MAIL ADDRESS ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA <input type="checkbox"/> 800 SOUTH VICTORIA AVE. VENTURA, CA 93009 <input type="checkbox"/> 3855 – F ALAMO ST. SIMI VALLEY, CA 93063-2110	
PETITIONER: RESPONDENT:	
CONSENT FOR COURT ASSIGNMENT (FAMILY LAW)	CASE NUMBER:

The undersigned hereby consents that the cause titled and numbered above may be tried by **Roger L. Lund**, Court Commissioner of the Ventura County Superior Court, as temporary judge, in accordance with Article 6, Section 21 of the Constitution of the State of California.

It is understood by the undersigned that by order of the Presiding Judge of the Ventura County Superior Court, Commissioner Roger L. Lund has been appointed to act as temporary judge to try the above referenced case, hear and decide all motions and make any orders including sentencing connected with this case. It is understood that Commissioner Roger L. Lund, has been appointed to try the case referred to, and has taken the necessary oath of office to try the case as temporary judge.

Dated: _____

Signature of litigant or attorney

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)	Telephone Number	FOR COURT USE ONLY
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA 4353 VINEYARD AVE, OXNARD, CA. 93036		
IN THE MATTER OF:		
REQUEST FOR COPY OF JUVENILE CASE FILE DOCUMENT CRC Rule 5.552(b)(1)(C)		
		CASE NUMBER:

I (Your name) _____, am the

- ☐ child
☐ child's attorney of record
☐ mother
☐ mother's attorney of record
☐ presumed father

- ☐ biological father
☐ father's attorney of record
☐ social worker
☐ deputy county counsel
☐ child's identified Indian tribe

My address and phone number are ☐ same as in the caption above ☐ as follows:

I respectfully request copies of the following file documents in the above-captioned case under Rule 5.552(b)(1)(C) of the California Rules of Court. The case is still pending, and the requested document(s) was/were given out before the date of this request.

- ☐ entire file
☐ investigation reports
☐ pleadings
☐ other (explain) _____

Date: _____

Print Name _____

Signature _____

Calendar No: _____ Parties sworn in: ☐ Yes ☐ No

Date: ____ / ____ / 20____

**Ventura County Superior Court - Conditional Settlement Agreement for
Judgment Creditor Cases – Small Claims**

The Parties to this action have reached a Settlement in Case # _____

This agreement is **binding** and **enforceable** between the parties; however, it does not change the judgment. If any payment called for under this agreement is not made, or not made on time, the judgment creditor may end the agreement and enforce the judgment in any manner which the law permits.

Judgment Creditor: _____ Judgment Debtor: _____

Judgment Creditor: _____ Judgment Debtor: _____

THE PARTIES HAVE AGREED TO THE FOLLOWING:**Financial:** In exchange for the judgment creditor's promise not to enforce the judgment, as set out below,☐ _____ agrees to pay _____ the sum of \$ _____☐ Each party will bear their own costs ☐ Judgment Debtor will pay costs in the amount of \$ _____☐ _____ agrees to accept payment from _____☐ in full by _____, 20____☐ in installments of: \$ _____ per _____☐ First payment will be due on _____☐ Subsequent payments will be due on _____ until balance is paid in full;☐ Payments will be made by: ☐ Personal Check ☐ Cashier's Check ☐ Money Order

In exchange for the judgment debtor's promise to make payments, as set out above, the judgment creditor agrees to take no action to collect on the judgment (including without limitation, wage garnishment, bank levy, or debtor's examination) so long as the judgment debtor make these payments on time. Once the judgment debtor has made all of the payments called for above, the judgment creditor will file with the court an acknowledgment that the judgment is satisfied in full.

☐ The parties agree to defer the examination of the judgment debtor, and therefore in the event the judgment debtor should fail to make any payment under this agreement, the judgment creditor may apply for a new order for examination at any time.

Judgment Creditor: _____ Judgment Debtor: _____

Judgment Creditor: _____ Judgment Debtor: _____

The parties understand that they should notify the court in writing of any changes of address until such time as the terms as the terms of this agreement are fully performed.

Mediator Name: _____ Co-Mediator Name: _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)	Telephone Number	FOR COURT USE ONLY
BAR NUMBER: ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA <input type="checkbox"/> 800 SOUTH VICTORIA AVE. VENTURA, CA 93009 <input type="checkbox"/> 3855 – F ALAMO ST. SIMI VALLEY, CA 93063-2110		
PETITIONER RESPONDENT		
Case Plan Designation Form		CASE NUMBER:

The purpose of this form is to change a family law Case Plan designation. All family law cases are assigned to "Case Plan A" at the time of initial filing. Either party can file this form. If the parties do not agree regarding the Case Plan designation, the court will decide the appropriate Case Plan designation.

Please select one of the following Case Plans and indicate the reason for the requested designation:

- ☐ **Standard Case Plan B**, Disposition within 12 months
Parties who have attorneys will usually be on this Plan. Typically cases on this Plan involve limited discovery, and may have no or limited expert testimony.
Case Plan B is appropriate because:
☐ Child Custody is disputed ☐ Characterization disputed
☐ Child or Spousal Support is disputed ☐ Other _____

☐ **Complex Case Plan C**, Disposition schedule must be approved by Judicial Officer
Typically cases on this Plan involve extensive discovery with complex disputed issues and may have extensive expert testimony.
All Case Plan C Requirements have been met:
• 6 months since filing initial documents • Declarations re Preliminary Declaration of Disclosure filed
• Response has been filed • Proposed Case Plan Progression and Order **ATTACHED**
Case Plan C is appropriate because:
☐ Complex Child Custody/Visitation issue ☐ Business Valuation requested
☐ Vocational Evaluation requested ☐ Other _____

☐ **ADR Case Plan D**, Disposition within 12 months
☐ ADR Stipulation is **ATTACHED**

Date: _____

Petitioner

Date: _____

Respondent

Date: _____

Attorney for Petitioner

Date: _____

Attorney for Respondent

- ☐ This statement is submitted jointly by the parties
- ☐ This statement is submitted by only one party.
- ☐ A declaration indicating why the Statement is not filed jointly is ATTACHED or
- ☐ A protective order is in place.

- ☐ YES. Date: _____
- ☐ NO. Explain why you did not meet: _____

- | | <u>Preliminary</u> | <u>Final or filed a Waiver</u> | <u>Filed Declaration re Service (FL-141)</u> |
|------------|--|--|--|
| Petitioner | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Respondent | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Petitioner ☐ YES ☐ NO
Respondent ☐ YES ☐ NO

	Agreement?	If YES,	Written	OR	Court Order?
a. Child Custody	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Written		<input type="checkbox"/> Court Order
b. Child Visitation	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Written		<input type="checkbox"/> Court Order
c. Child Support	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Written		<input type="checkbox"/> Court Order
d. Spousal Support	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Written		<input type="checkbox"/> Court Order
e. Attorney Fees	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Written		<input type="checkbox"/> Court Order
f. Paternity	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Written		<input type="checkbox"/> Court Order

[illegible]

e. Paternity ☐ Petitioner _____
☐ Respondent _____

7. Other Issues in Dispute
Specify: _____

Date _____

**Property and Debts
Attachment A**

- ☐ Petitioner's
☐ Respondent's
☐ Joint

Proposed Division of Community Property

A. Bank accounts, credit union accounts, retirement funds	Value:	Requested Division:	
DO NOT USE ACCOUNT NUMBERS		Petitioner	Respondent
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
B. Items you own (for example, house, furniture, jewelry, cars) If you are still making payments figure out the amount to be divided, by subtracting what you owe from the value, For example, Car (Value) \$300 - Owe 100 = 200 to be divided	Value:	Requested Division:	
DO NOT USE ACCOUNT NUMBERS		Petitioner	Respondent
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
C. Debts (bills, loans, credit cards, medical bills, taxes)	Debt:	Requested Division:	
DO NOT USE ACCOUNT NUMBERS		Petitioner	Respondent
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
D. Repayment: Should one side be repaid or credited money because they paid community property bills or loans with separate money?	Petitioner: \$		Respondent: \$
E. Equalization: To make the division fair, should one side be paid money?	Petitioner: \$		Respondent: \$

Attach additional sheets if necessary to show extent of property or debts
to fully explain the parties' disputes

Calendar No: _____ Parties sworn in: ☐ Yes ☐ No Date: _____ / _____ / 20 _____

Ventura County Superior Court - Small Claims Settlement Agreement

The Parties to this action have reached a Settlement in Case # _____
 The Terms and Conditions of this agreement are intended to be **binding** and **enforceable**.

Plaintiff: _____ Defendant: _____

Plaintiff: _____ Defendant: _____

THE PARTIES HAVE AGREED TO THE FOLLOWING:

- ☐ _____ agrees to pay _____ the sum of \$ _____
- ☐ ☐ Each party will bear their own costs ☐ Defendant will pay costs
- ☐ _____ agrees to accept payment from _____
- ☐ in full on _____, 20____
- ☐ in installments of: \$ _____ per _____
- ☐ First payment will be due on _____
- ☐ Subsequent payments will be due on _____ until balance is paid in full;
- ☐ Payments will be made by: ☐ Personal Check ☐ Cashier's Check ☐ Money Order

Balance becomes due and payable in FULL, if payment is not received within _____ days of the due date.

☐ OTHER _____

- ☐ _____ and _____ hereby release and forever discharge _____
 and _____, from all claims that were asserted or could have been asserted in this case.
- ☐ All parties request a stipulated judgment
- ☐ Plaintiff requests dismissal **with** prejudice (Action cannot be re-filed)
- ☐ Plaintiff party requests dismissal **without** prejudice
- ☐ All parties consent to the Court retaining jurisdiction to enforce this settlement under CCP § 664.6

Plaintiff Signature: _____ Defendant Signature: _____

Plaintiff Signature: _____ Defendant Signature: _____

The parties understand that they should notify the court in writing of any changes of address until such time as the terms of this agreement are fully performed.

Mediator Name: _____ Co-Mediator Name: _____

**PROOF OF SERVICE
OF NOTICE OF APPEAL (PARKING / STANDING CITATION)**

Name of Contester

Issuing Agency

Superior Court Case Number

Parking Citation Number

**MANNER OF SERVICE
(Check Proper Box)**

☐ **BY MAIL**

By mailing copies to the _____ (Issuing Agency), with postage fully prepaid, by first class mail as follows:

Date of Mailing: _____

Place of Deposit: _____ (city or postal area), County of Ventura, State of California, at the address as indicated on the bottom portion of this document.

AND FURTHER: My business / residence address is:

And at the time of mailing, I was employed or resided in the County where said mailing occurred.

Executed on: _____ at _____, California.

☐ **PERSONAL SERVICE**

On _____ I personally delivered to and left copies with the party served at the address as indicated on the bottom portion of this document.

ADDRESS WHERE SERVED:

I DECLARE UNDER PENALTY OF PERJURY THAT
THE FOREGOING IS TRUE AND CORRECT

Contestant / Declarant

DATE

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) Telephone Number E-MAIL ADDRESS ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA <input type="checkbox"/> 800 SOUTH VICTORIA AVE. VENTURA, CA 93009 <input type="checkbox"/> 3855 – F ALAMO ST. SIMI VALLEY, CA 93063-2110	
PETITIONER RESPONDENT	
<p style="text-align: center;">FAMILY LAW Stipulation in Support of Continuance</p>	CASE NUMBER

We agree to the request to continue the matter set for:

Date: _____ Time: _____ Dept.: _____ be continued in that department to

Date: _____ Time: _____. This date has been approved by the Judicial Assistant.

Signature of Requesting Party/Attorney: _____

Signature of Responding Party/Attorney: _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)		Telephone Number	FOR COURT USE ONLY
BAR NUMBER:			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA			
<input type="checkbox"/> 800 SOUTH VICTORIA AVE. VENTURA, CA 93009 <input type="checkbox"/> 3855 – F ALAMO ST. SIMI VALLEY, CA 93063-2110			
PLAINTIFF/PETITIONER			
DEFENDANT/RESPONDENT			
<p style="text-align: center;">FAMILY LAW</p> <p style="text-align: center;">APPLICATION AND ORDER FOR CONTINUANCE</p> <input type="checkbox"/> TRIAL <input type="checkbox"/> SPECIALLY SET EVIDENTIARY HEARING			CASE NUMBER:

1. ☐ Petitioner ☐ Respondent requests the court to continue the matter set for:
Date: _____ Time: _____ Dept. _____ be continued in that department to
Date: _____ Time: _____. This date has been approved by the Judicial Assistant.
2. ☐ This request is filed **more than 30 days** from the date of the hearing. Good cause exists for the continuance for the reasons stated in the attached declaration.

OR

- ☐ This request is filed **less than 30 days** from the date of the hearing. Extraordinary circumstances exist for the continuance for the reasons stated in the attached declaration.
3. ☐ The other party in this case agrees to the continuance and has signed below.

OR

- ☐ The other party does not agree to the continuance.

4. Original filing date: _____
5. Number of prior continuances _____
6. ☐ Declaration in Support of Continuance is ATTACHED.

Signature of Requesting Party/Attorney: _____

Signature of Responding Party/Attorney: _____

ORDER

The Court has reviewed this motion and makes the following order:

☐ Granted ☐ Denied

Date: _____

Judicial Officer of the Superior Court

RETURN FAX TO:

Ventura: Dept. 32/33: (805) 477-7118

Dept. 31/34: (805) 477-1900

Simi Valley: (805) 582-7548

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)		Telephone Number	FOR COURT USE ONLY
BAR NUMBER			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA <input type="checkbox"/> 800 SOUTH VICTORIA AVE., VENTURA, CA 93009 <input type="checkbox"/> 3855 – F ALAMO ST., SIMI VALLEY, CA 93063-2110			
PETITIONER			
RESPONDENT			
FAMILY LAW NOTICE OF MATTER TO BE TAKEN OFF CALENDAR			CASE NUMBER

1. ☐ Petitioner ☐ Respondent requests the court to take off calendar the matter set for:
 Date: _____ Time: _____ Dept. _____

2. ☐ Opposing party was not served with moving papers.

OR

- ☐ Moving papers have been served, responding party has been notified by telephone that this matter is being taken off calendar, and no affirmative relief has been requested by responding party.

OR

- ☐ The responding party agrees to have the matter taken off calendar. This is only required if responding papers requesting affirmative relief have been filed.

 Signature of Petitioner or Attorney

 Phone No.

 Fax No.

 Date

 Signature of Respondent or Attorney

 Phone No.

 Fax No.

 Date

NOTE: IF THIS CASE IS NOT COMPLETE, THE COURT, ON ITS OWN MOTION, WILL SCHEDULE A STATUS REVIEW CONFERENCE REGARDING FILING THE JUDGMENT OR OTHER APPROPRIATE DOCUMENTS. THE PARTIES WILL BE NOTIFIED OF THE DATE AND TIME OF THE CASE REVIEW CONFERENCE.

MEDIATION

If you had an appointment for mediation, you MUST fax a copy of this form to 805-654-2240.

RETURN FAX TO:
Ventura: Dept. 32/33: (805) 477-7118
Dept. 31/34: (805) 477-1900
Simi Valley: (805) 582-7548

VN230

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) E-MAIL ADDRESS ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA <input type="checkbox"/> 800 SOUTH VICTORIA AVE. VENTURA, CA 93009 <input type="checkbox"/> 3855 - F ALAMO ST. SIMI VALLEY, CA 93063-2110		Telephone Number	FOR COURT USE ONLY
PETITIONER: RESPONDENT:		CASE NUMBER:	
REQUEST FOR CONTINUANCE <input type="checkbox"/> NOTICED MOTION <input type="checkbox"/> OSC <input type="checkbox"/> MSC		HEARING DATE: _____ TIME: _____ COURTROOM: _____	

THIS FORM MUST BE SUBMITTED AT LEAST TWO COURT DAYS BEFORE THE HEARING

MEDIATION

If mediation is required and you want to continue mediation, you must: (1) Obtain available date(s) from Family Court Services @ 805-662-6694 **before** submitting to the Court; and (2) Fax copy of Order if Granted to 805-654-2240.

Complete Section 1 if this is the first request for a continuance.

Complete Section 2 if this is NOT the first time the parties have requested a continuance.

Section 3 must be completed by all requesting parties.

Section 1: First Continuance

- ☐ I have not been able to serve the opposing party.
☐ This is the first request for a stipulated continuance. (Both parties must sign this form)

Section 2: Further Continuances

This OSC, Motion or MSC has been continued before. Total number of prior continuances:

- ☐ I have not been able to serve the opposing party.
☐ The parties are requesting another continuance. Attached is a declaration that establishes good cause for this request.
☐ The other party does not agree to this request. Attached is a declaration that establishes good cause for this request.

Section 3: Requested Date: Date: _____ Time: _____

_____ Signature of Petitioner or Attorney	_____ Phone No.	_____ Fax No.	_____ Date
_____ Signature of Respondent or Attorney	_____ Phone No.	_____ Fax No.	_____ Date
_____ Signature of DCSS (if applicable)			

----- ORDER -----

☐ Granted ☐ Denied. Additional Comments: _____

Date: _____

Judicial Officer